

STATE OF NEW JERSEY

REPORT OF ADOPTION

INSTRUCTIONS: This form should be completed by either the attorney representing the adoptive parent(s) or the adoption agency having custody of the child. Completion of the adoptive parent(s) information must occur PRIOR to completing information on the infant and natural parents in order to be in compliance with N.J.A.C. 121A-3.7(j)2, which restricts the disclosure of identifying information on the child and the birth parents.

| INFORMATION FROM ORIGINAL BIRTH CERTIFICATE | | | | | | | | | |
|--|--|--|-------------------------|---|--|---|--|-------|------------------|
| Infant | Name - First | | | Middle | | | Last | | |
| | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | | | Birthplace-City, County, and State (or Country, if not USA) | | | |
| | | | Mo. | Day | Yr. | | | | |
| Biological Parents | Mother's Maiden Name - First | | | Middle | | | Last | | |
| | Father's Name - First | | | Middle | | | Last | | |
| INFORMATION FOR AMENDED BIRTH RECORD FOLLOWING ADOPTION | | | | | | | | | |
| Infant | Name by Adoption - First | | | Middle | | | Last | | |
| Adopting Mother | Maiden Name - First | | | Middle | | | Last | | |
| | Present Name - First | | | Middle | | | Last | | |
| | Age at Birth of Infant | | Date of Birth | | | State or Country of Birth | | | |
| | | | Mo. | Day | Yr. | | | | |
| | Residence at Time of Infant's Birth | | | City | | | County | | State |
| Present Address - Street and Number | | | City, Township, or Boro | | | County | | State | Zip Code |
| Adopting Father | Name - First | | | Middle | | | Last | | |
| | Age at Birth of Infant | | Date of Birth | | | State or Country of Birth | | | |
| | | | Mo. | Day | Yr. | | | | |
| ATTORNEY | | | | | | | | | |
| Name of Attorney - First Middle Last | | | | | | | Telephone No. (Include Area Code) () | | |
| Firm Name | | | | | | | | | |
| Mailing Address | | | | | | | City | | State Zip Code |
| CLERK OF THE COURT | | | | | | | | | |
| CERTIFICATION: <div style="text-align: center;">SEAL OF THE COURT</div> | | | | <p><i>I hereby certify that the child described above was adopted by the parents cited in this report on the _____ day of _____, 20____, as set forth in the decree made in the</i></p> <p style="text-align: right;">_____ Court of</p> <p style="text-align: right;">_____ New Jersey.</p> <p style="text-align: right;">_____ (Signature of the Surrogate of the Court)</p> <p style="text-align: right;">_____ (Date)</p> | | | | | |
| <p>_____ (Adoption Docket Number)</p> | | | | | | | | | |
| This report must be accompanied by an original certified copy of the adoption decree. The fee for creating the new Birth Certificate by the State Registrar is \$2.00. A certified copy of the Birth Certificate can be ordered for \$4.00 and \$2.00 for each additional copy required. | | | | | MAIL TO: New Jersey Department of Health and Senior Services Vital Statistics - Record Modification Unit P. O. Box 370 Trenton, NJ 08625-0370 | | | | |